

Medical sects this paper: Chronothermalism, hygeotherapy, magnetic/mesmerism, Brunonianism, Animists, Vitalists, Organicists, other than those in Chiro Medicine article (homeop, eclectic, Physio-med & Osteo)

[ALLOPATHIC]

Treatments routinely employed were the most visible of differences between the several branches of medicine. As such, the subject warrants only a brief mention. In the predominant *fever theory of disease* the liver was thought to be of prime importance to health and credited as being the cause of all chronic disease. This produced two fundamental errors in allopathic practice: one of diagnosis and one of treatment.

Therapies were employed to balance the biliary secretions and eliminate its toxic secretions. Anything that brought about the correction of external symptoms would be considered as a possible treatment. Treatment consisted of a tripartite regimen including an antipyretic or antiphlogistic to calm the patient, cathartics and/or emetics to eliminate accumulated toxins, and rehabilitative tonics.⁽ⁱ⁾

The antiphlogistic most widely used was bloodletting. Serious illness sometimes required the letting of thirty ounces of blood to achieve the “calming effect” that accompanied loss of consciousness.

The second part of the regimen was the administration of cathartics and/or emetics. Calomel, a chloride of mercury that became poisonous when ingested, was by far the most widely used of the cathartics for its supposed beneficial effects on biliary secretions. Despite research published in 1868 that conclusively demonstrated that calomel had no effect on biliary secretions, it remained a staple of treatment well into the 1920s.

Emetics included *jalap*, made from the roots of the *convolvulus jalapa* (Figure 1), tartrate of antimony and potassium nitrate (aka nitre and saltpeter).

The third part was the rehabilitative tonics. The three most widely used tonics were Fowler’s solution, containing arsenic; chicon bark, containing quinine (Figure 2) and crude opium, containing morphine.

Cantharides and setons were two alternate treatments that enjoyed widespread use. Cantharides was a medicinal preparation made from Spanish fly (*Lytta vesicatoria*) or similar beetle that was a strong irritant applied topically. Setons were any material such as thread, wire, or gauze that was threaded through the subcutaneous tissues, causing infections (which did not exist under the fever theory). The oozing pus was mistakenly believed to be diseased matter from within the patient rather than being caused by the treatment itself.

Infants alone suffered from the disease of *teething* that was treated by repeated scarification of the gums with a lance. *Teething* was the cause of most infant disease.⁽ⁱⁱ⁾

PHYSIO-MEDICALISM

This smallest sect accounted for less than three percent of medical doctors, yet it enjoyed a vibrant life under the watchful eye of its founder, Alva Curtis, M.D. It had a great impact due to the extensive discoveries and additions to the *Materia Medica* its adherents made.

Curtis was born in Cockburn, New Hampshire and, while the specifics of his medical education are not known, he was a doctor by the mid-1830s. Curtis was a supporter of Sylvester Graham (1795 – 1851), of graham cracker fame (1829), whose program of eating a vegetarian diet, plenty of fresh air and exercise, avoidance of all drugs would be called the Hygienic Movement by 1840.⁽ⁱⁱⁱ⁾ How or why Curtis came to be aligned with a movement that eschewed all drugs is not clear. Curtis subsequently became closely involved with the Botanical Medical Society in the early to mid-1830s. This Society, founded in 1832 by Samuel Thomson (1769 - 1843) held six national conferences between by 1839. The Society supported thousands by teaching members how to become self-sufficient in matters of health. Thomson, an itinerant farmer-cum-herb doctor from the Boston area, had developed a system of treatment based on his numbered herb formulas.^{iv} Treatment was by specific herb formulas and steam baths for the reduction of symptoms. The remedies were not mild often exhibiting the same effects to the prescribed drugs of the day. His published works include New Guide To Health (1822) and Thomsonian Materia Medica (1838).

Curtis agreed with Thomson that illness was a disordered response at the cellular level caused by toxins. They strongly disagreed on the need for research to make improvements to the formulas and the development of an expanded theoretical basis for the botanicals. Thomson believed he had discovered all that was necessary and additional research was not only pointless but possibly damaging. Given credence to the possibility of a formal education of some nature, Curtis maintained that only through research could Thomson's assertions be proven true or false and until it was done they were merely the unproven ranting of an itinerant healer with no formal training. With the disintegration of the Friendly Botanical Society in 1839, Curtis established the Botanico-Medical School and Infirmary in Columbus, Ohio that same year where he lectured for over four decades.^v

Physio-medicalism combined the vitalistic approach of maintaining proper balance of vital energy and the purgative component of the allopaths. Curtis applied scientific terms to Thomson's theory of internal heat and cold, maintaining that the body responded to toxic stimulation by contraction or relaxation. Normal function was the sum total expression of Vital Force which maintained the functional integrity of the entire organism through cellular metabolism. Disruption of the Vital Force was classified as *sthenic*, that being a state of excessive contraction or sympathetic-dominance or *asthenic*, a state of excessive relaxation or parasympathetic-dominance. These terms were taken directly from *Brunonianism*, a system discussed under a subsequent heading.^{vi} Treatment with botanicals was supportive of this *Vital Force*, later referred to as *Nervous Energy*, being either stimulatory or sedative in nature; and purgative to remove toxins.

Contributions:

- first to promote the idea that symptoms could be positive or negative;
- diagnostic procedures needed to distinguish between functional and pathological conditions;
- The development of better plant extraction techniques;
- The creation of the botanical monograph whose analysis included: chemistry of the active and inactive components, the physiological and therapeutic actions of the plant, as well as the toxicology; and the appropriate forms of preparation and dosage

The last two contributions listed are ones that were shared with practitioners of the Eclectic Medicine sect, though each sect was reticent to share credit. Physio-medicalism had but one college remaining in 1910 but it may have survived another six decades; it was alleged to have been exported to England where it was taught at the School of Herbal Therapy until the 1970s.^{vii}

ECLECTIC MEDICINE

Eclectic Medicine owes its existence as much to the Revolutionary War as to its founder Wooster Beach, M.D. (1794 – 1868). (Figure 30) Beach was born in Trumbull, CT.^{viii}

Beach was disappointed in the medical remedies of the day and a salve from a Doctor Tidd of New Jersey was brought to his attention by a relative. Discovering this doctor to be noted botanical physician he resolved to study with him. A reconstructed timeline, using Tidd's year of death known to be 1818 and assuming the veracity of Beach's alleged statements, has Beach approaching Tidd twice in the 1810 – 1811 period, when Beach was sixteen, and being rejected for consideration as a student followed by a third request and acceptance as a student in 1817 at the latest. After becoming a "doctor" at Tidd's hands, Beach practiced with him in New Jersey until Tidd's death. Beach remained in New Jersey, assuming Tidd's practice until he was "called to New York" to consult on some difficult cases.

Jacob Tidd (1742 – 1818) whose botanical knowledge has been attributed to four sources: an inquisitive nature in the field of botany as a youth, botanical remedies used by an unidentified Native American tribe that held a relative captive, knowledge gained while apprenticed to Dr. George Andrew Viesselius (c1690 – 1767), and a working knowledge of the remedies used by "Dr. Roger Parke" (1648 – 1755) of the same area; allegedly confronted with the reality of his own mortality, consented to teach Beach no later than 1817. Tidd's mentor, called "the old red Docotor," had gained widespread notoriety by identifying native species that were effective substitutes for the costly botanicals of European origin. Viesselius' widow Syche Gardiner, with Jacob Tidd, continued his practice until such time the Tidd struck out on his own.^{ix x} Tidd added to his repertoire through inclusion of Dr. Parke's remedies. Tidd was only thirteen when Parke died so it is highly probable that he learned of Parke's work second-hand. Roger Parke, from Cartmel Parish, Lancashire, England, was a Quaker who emigrated in 1682. He studied with the healers of the Minnisink tribe whose village of Wissmenson on Stoney Brook was situated on tracts Parke had recently purchased. Their methods included botanical remedies and the use of the sweat lodge, coupled with a cold plunge in a nearby stream.^{xi}

Beach, arriving in New York City in the mid-1820s became "regularly educated in Medicine" at the "Medical Department of the University of New York" or the "Medical College of Mineral Physicians in New York."^{xii xiii xiv} A school bearing the former name existed, but not before 1841 and one bearing the latter name has not been identified at this time. The opening in 1827 of what would become the Reformed Medical College of the City of New York is documented. Beach was president until 1838 at least. Little known is Beach's contribution to the role of national professional associations representing the interests of health care providers. In 1829 he found the first such association: The Reformed Medical Society of the United States.

Beach, in addition to using Tidd's remedies, incorporated the Thomsonian approach in totality despite making statements to the contrary, and was greatly influenced by the work of Constantine Samuel Rafinesque (1783-1840) who published Medical Flora: A Manual of the Medical Botany of the United States of North America in 1828.^{xv} In that work Rafinesque used the word *eclectic* to describe physicians that would employ any remedy that was found to be beneficial to the patient. Beach adopted Rafinesque's eclectic, which he appended to medicine, by 1830. *Eclectic Medicine* remained synonymous with, and eventually supplanted, the earlier *Reformed Medicine* appellation.^{xvi}

CONTRIBUTIONS

- The development of better plant extraction techniques;
 - The creation of the botanical monograph whose analysis included: chemistry of the active and inactive components, the physiological and therapeutic actions of the plant, as well as the toxicology; and the appropriate forms of preparation and dosage
- 1845-1892: thirty-two eclectic medical schools founded (See Table 2)
- 1857: Penn (Eclectic) Medical University, founded 1853, first co-educational medical college and the first with a progressive, six semester course.^{xvii}
- 1894: college accreditation by the National Eclectic Medical Association with eight schools obtained accredited status; eleven monthly eclectic journals and newspapers; six eclectic hospitals.^{xviii}

LICENSING

Licensing for Eclectic Medical Doctors developed much along the same lines as that of the allopaths and the homeopaths. Initially, the "licensing board" was under the control of a state's Eclectic Medical Society or Association. This was followed by official recognition when state law established a licensing board, but deferred to the society or association for appointees. This design created multiple licensing boards in each state with some sects able to be licensed in one state, but not the neighboring. Eventually, most states ended the confusion by consolidating the various agencies into one licensing board composed of state-appointed board members.

The demise of this sect was hastened by the adoption of many of the reforms demanded by the allopathic segment became a reality.

HOMEOPATHIC JOURNALS

1873 – 1922:	<i>The Cincinnati Medical Advance</i>
1878 – 1881:	<i>The Organon Journal</i>
1881 – 1899:	<i>The Homeopathic Physician</i>
1882 – 1892:	<i>The California Homoeopath</i>
1882 – 1884:	<i>Ann Arbor Medical Advance</i>
1884 – 1894:	<i>The Medical Advance</i>
1886 – 1959:	<i>Homoeopathic Recorder</i>
1892 – 1941:	<i>The Pacific Coast Journal of Homoeopathy</i>
1894 – 1907:	<i>The Hahnemannian Advocate</i>
1907 – 1915:	<i>The Medical Advance</i>
1909 – Present:	<i>Journal of the American Institute of Homeopathy</i>
1912 – 1916:	<i>The Homeopathician</i>

[OSTEOPATHY]

Subsequent to the 1922 creation of the Board of Osteopathic Examiners the leaders of allopathic medicine attempted to eradicate osteopathy from the state under the guise of recognition. They offered the much more prestigious M.D. if osteopathy would abandon their D.O degree in exchange for merging the political, educational and licensing agencies. The plan was put into effect and the new composite board, with an allopathic majority, immediately suspended recognition of the College of Osteopathic Physicians and Surgeons. That school was merged into the Medical Department of the University of California in Irvine in 1967. M.D.'s were conferred to former D.O.'s after attending twelve days of lectures and payment of a \$65.00 fee, however no other state granted recognition to the degree which required the forfeiture of the D.O. A clear indication of the "separate but equal" status offered by organized medicine appeared in the next physician directory of the board in which the former osteopaths were identified "m.d." rather than "M.D."

A group of osteopathic doctors sought relief through the courts and obtained satisfaction at the level of the California Supreme Court in 1974. Their decision adopted the medical board's position of equivalency in education and threatened members of the B.M.E. with prosecution for issuing licenses to unqualified individuals if they objected. The ruling reestablished the defunct B.O.E. and the profession quickly claimed the degree *doctor of osteopathic medicine* but kept the abbreviated designation of D.O. The change to *osteopathic medicine* was another effect of the court victory and it would be a mistake to conclude that conferring a *doctor of osteopathic medicine* instead of a *doctor of osteopathy* degree had any causative factor on the growth of the profession. If this supposition was true, the expansion of the profession would have followed the awarding of the new degree rather than occurring simultaneous to its use as it was.

[VITALISM] Chrono-thermalism: founded by Samuel Dickson, MD of England.

The Unity of Disease: expressed the concept that health and disease are but the extremes of a single quality of life continuum; found in his 1838 book. The basic pathological changes found in any changes of the various organs are the same, i.e. inflammation is inflammation; however the expression of the effects of these changes vary with the site of the change, e.g. hepatitis versus gastritis. The histological changes are the same; the symptom complex is not. Furthermore, all pathological tissue changes originate from one common cause: toxemia.¹

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[VITALISM] Chrono-thermalism

Herbert M. Shelton, The Unity of Normal and Abnormal Processes; 34(8) March 1973

¹ Herbert M. Shelton. "The Unity of Normal and Abnormal Processes" Vol. XXXIV March, 1973 No. 8. URL: <http://www.soilandhealth.org/02/0201hyglibcat/hygienic.review.articles.htm>, accessed by author 26 August 2005.

Most of the early Hygienists held to the principle of the unity of disease. Jennings and Nichols were perhaps the most outspoken in affirming this principle. Jennings was not the first to suggest that the seeming multiplicity of diseases represents a unity. Dr. Benjamin Rush, who was Surgeon General of the Continental Armies during the Revolutionary War, stressed the importance of the principle. Samuel Thompson, founder of the medical system known as Physio-medicalism made the principle a fundamental part of his system. Dr. Samuel Dickson, of England, founder of the medical system known as Chrono-thermalism, published his book *The Unity of Disease* in 1838. He later defended this theory in his book, *Fallacies of the Faculty*. The allopathic medical profession rejected the principle of unity of disease and adhered to the notion that there are many diseases. When I was a student the textbooks listed 407 diseases, but the process of fragmentation was already under way and today many thousands of diseases are listed.

Today, when the effort is being made with more or less success to interpret all natural phenomena as parts of one pattern, or as expressions of one universal form of progress, the medical profession still clings to its dualisms about health and disease and to its old belief that there are hundreds of diseases. They refuse to recognize the single underlying phenomenon of which their many diseases are but varied and evanescent expressions.

Life, health, disease are ultimately to be interpreted as different aspects of an underlying process. It is our own shortsightedness that blurs for us the wholeness and unity of life. The terms and expressions of contemporary medical literature which we have inherited from the past carry implicit assumptions regarding the general nature of disease, and one of our main tasks is to show where they are invalid.

Man is not always sick despite the fact that he lives in a sea of extraneous causes that are said to cause disease. Indeed, these extraneous causes fail more often than they succeed. Yet we know that disease is always a potential in man. Abnormal though it is, it is just as natural as health. In fact, if we can ever escape from our dualisms of thought we will recognize that health and disease are but two phases of the same living processes. We will discover that there is no distinct line of demarkation between health and disease and that they are not so unlike as we now believe. We will readily understand that disease is a manifestation of life itself and that there is a fundamental unity in all of life's manifestations normal or abnormal.

The principle of continuity and unity becomes a guide to the correct organization of pathological knowledge, which is already vast, in conformity with the laws of nature. This principle provides for a major and all important reorientation which eliminates the prejudices and false views that have hitherto obscured our vision and made it impossible for us to see the woods for the trees. The change of

position thus produced transforms the interrelations of everything so that a simple order is revealed.

Change is as constant in pathology as in all other departments of existence, yet the change is not arbitrary; each change develops continuously out of the preceding development earlier and later developments do not confront each other as the senseless juxtaposition of one chaos beside another, but are linked by similarities which pervade all change. The meaningful order which underlies the progressive changes seen in pathological evolution is realized in the continuity of the sequence of change.

Fundamentally, there are but few pathological changes, both of structure and function, that can occur in even the most complex organism. Great and complex variations in the appearance of these fundamental changes are possible, due to the many differentiations of tissues and to the wide variety of functions subserved by them. The basic pathology (atrophy) in atrophy of the liver and atrophy of the pancreas is the same, but the complex of systemic changes of functional aberrations that is based on this atrophy varies as the functions of the two organs vary. Basically, the "special pathology" in the lungs in pneumonia and that in the kidneys in acute nephritis, is the same. Differentiating symptoms and changes relate to the differences of structure and function of the two organs. Inflammation of the stomach may check the secretion of gastric juice and inflammation of the pancreas may check the secretion of insulin, but in both cases the fundamental change is the checking of secretion. The kind of secretion that will be checked will depend upon the kind of secretion turned out by the inflamed organ. Duly considered, this simply means that the many different so-called diseases are not different diseases. They are but different locations and different stages in one and the same process.

The diagnoses and classifications of diseases listed in medical textbooks are all illusions that grow out of the medical man's notions that the symptom-complexes, though richly variable even for the same so-called disease, represent entities instead of being symptomatic of an underlying substratum common to all symptom-complexes. The same unity of the body is preserved in disease as in health. We deal with a sick whole, not merely a sick part. Just as in physiology the whole widely extended state of function is a unit, so in pathology the whole widely extended state of processes that constitute the remedial process is a unity.

When there is irritation of the nose, throat, sinuses, and elsewhere, this represents a systemic condition, not a series of local infections. Should any part of the digestive tract from the mouth to the anus become inflamed the name given the "disease" will correspond to the part involved, and the state of the inflammation will be: first irritation or inflammation, then ulceration, then induration and cancer. All pathologic change is named in keeping with the part involved. Inflammation of the stomach is called gastritis; when ulceration

develops out of inflammation, it is called gastric ulcer; when the ulceration takes on induration (hardening), it is called gastric cancer; if the development involves the pylorus, it is named pyloric cancer. If the inflammation extends to the duodenum, it is called duodenitis; if the duodenum ulcerates, it is called duodenal ulcer; if induration follows, it is duodenal cancer.

While we tend to think of so-called diseases as local affections, the entire body is always involved in the process. This is not to give utterance to the stupid prevalent notion that every "local disorder" deranges all the functions of the body; rather, it is meant to express the idea that the whole organism is involved in every remedial process. In the case of a diarrhea, for instance, it is a disturbance only in relation to a larger and otherwise unitary whole which it interrupts. There is no thought of derangement, but of redirection. The central and basic powers of life are those engaged in nutrition, including those of digestion, respiration, circulation, assimilation, excretion, and reproduction. The normal performance of these functions is health. When any or many of these powers are much modified to meet abnormal conditions, the modification is disease. The modification is protective, reparative, expulsive, remedial. All such modifications are in the service of life, not in the service of death. These modifications are integral to life, not foreign agents at work in the body. Disease is a vital process, not an entity.

A local disease is an impossibility. Every so-called local disease is but the local manifestation of a general condition. Every local pathological manifestation is an expression of a systemic pathological condition. This is so because the body is a unit. Local diseases, so-called, are the local expressions of general states. For the successful care of the sick, therefore, it is not sufficient to confine our attention to the organ or part affected; we must care for the whole organism. When indigestion produces irritation of the stomach lining, inflammation, or gastritis develops. When irritation occurs to the point of irritation it becomes a point of toxic crisis. The hairsplitting seen in differential diagnosis is made necessary by a lack of knowledge of cause. It is a compensation for ignorance, an effort to appear scientific when there is no science.

When we know that the processes and elements of disease are the same as the processes and elements of health, is it probable, nay, is it possible that disease, any disease should have no order in its seeming disorder, that diseases should present no unity in their seeming multiplicity, should suffer no explanation by the discovery of some central and sublime law of mutual connection? If all organs of the body are governed by the same laws why such a multiplicity of diseases as are recognized by so-called medical science? Each organ has its own peculiar histology (tissue or structure peculiarity) and each has its own peculiar function to perform. Every organ of the body, and this includes the brain, is under the same physiological and pathological laws. By the co-operating principles of causation and differentiation do we derive the many so-called diseases out of a common source. The many so-called diseases of the medical nosology are but symptom-

complexes of a constitutional toxemic state; they are the effects of accumulated waste products of metabolism.

Every inflammation has symptoms all its own, yet all inflammations are basically the same. Although the symptoms of tonsillitis differ greatly from those of acute gastritis, the inflammation is identical in the two organs; although the symptoms of pneumonia are greatly different from those of hepatitis, the inflammation in the liver is the same as the inflammation in the lungs. The dissimilarity of these so-called diseases is due to the varying functions of the organs inflamed and to the differences in histological (tissue) structure of these different organs. Why do professional pathologists, trained also in histology and physiology, continue to view inflammation in many different parts of the body and imagine that each inflammation is a specific disease?

The shades of differences existing in the different so-called disease are apparent because of the different tissues involved. It is our confirmed opinion that too much attention is given to minute pathological distinctions and too great value is placed upon these. Every part of the body, when irritated, gives rise to its own symptom-complex, or what is known as a special disease. The brain and nervous system have their own complexes; the liver, kidneys, lungs, etc., each has its own complex. Singling out one or more of the pronounced symptom-complexes that make up the composite of the sick man's symptoms, diseases, complications, etc., all of which arise out of the one and only efficient cause-toxemia and specializing in its treatment, is an important procedure in what is known as "modern scientific medicine."

Congestion and inflammation may develop simultaneously in different organs; or, what is more frequently the case, one organ may become congested and inflamed; and, as time passes and the general health of the individual declines, one after another of several structures may become congested or inflamed. It is in this manner, in part, that complications always develop in longstanding chronic cases. As the chronic disease continues due to the persistence and intensification of the cause of the disease, one after another of the organs of the body is brought into the pathological field; the complications become more numerous. Thus, it is true that many complications are due to the persistence and increase of cause. The sick man sets out, at the beginning of his suffering with dyspepsia. After ten or twenty years he finds that he has disease of the throat and lungs, bowels, liver, kidneys, heart and perhaps of the spine. If the individual is a woman she probably finds that she also has one or more "female diseases."

All so-called diseases are but varying symptom-complexes growing out of a common cause. True, there are many causes, but if they are carefully studied, it will be found that they are all auxiliary to one universal, efficient cause-toxemia. Disease-inducing habits are responsible for many symptoms. Many complexes of symptoms are given distinctive names and listed as specific diseases. The

regular profession labels almost every symptom induced by bad habits as a separate disease unless they decide to call them "syphilis." Add to the symptoms induced by bad habits, those induced by drug poisoning, and you have about all the symptoms that man presents when he is sick.

Herbert M. Shelton

<http://www.soilandhealth.org/02/0201hyglibcat/hygienic.review.articles.htm>

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[VITALISM] HYGEIO THERAPY: the Hygienic Movement continued much of Chrono-thermalistic thought through the mid-1800s. The first college opened in 1853: New York College of Hygeio-Therapy. The National Hygienic Association was founded in 1862. Of particular import to the chiropractic profession is the Hygienic Law of Vitality as promulgated by Robert Walby, MD (1841-1924). This states that every cell is endowed with a self-preservation instinct which is sustained by an inherent force called "Vital Force" or "Nerve Energy." The amount of nerve energy is directly proportional to the continued existence of the cell and the organism of which it is a part.

John Tilden, MD (1851-1940) further developed the Hygienic principles by establishing the seven stages of disease, the first being "enervation." Nerve Energy is reduced or exhausted to the point that all normal body functions are greatly impaired, especially the elimination of endogenous and exogenous poisons. The remaining stages are further deterioration of the tissues all subsequent to this reduced Nerve Energy.

Hygienic therapy does not add anything to the body, not even water, thus setting it apart from hydrotherapy and water-cures. Therapy is aimed at insuring the optimum "food, water, air, light, heat, activities, rest and sleep, cleanliness and emotional influences" which will give all the resources required by the body to fully recuperate from any toxic exposure.²

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[MAGNETIC HEALING] Mesmerism

<http://chestofbooks.com/reference/A-Library-Of-Wonders-And-Curiosities/Mesmerism.html>; 14 dec 2008

Description: This section is from the book "A Library Of Wonders And Curiosities Found In Nature And Art, Science And Literature", by I. Platt.

Mesmerism, or animal magnetism as it was formerly called, first excited public notice about the middle of the last century, when several persons in different parts of Europe conceived that men are sensible to its influence. Maximilian Hell, Professor of Astronomy at Vienna, advised (1773) a Baden physician of his acquaintance, Anton Mesmer - whence the name mesmerism - to try if he could not cure disease with the magnet.* The Doctor, pleased with the idea, experimented actively, and finding that he could affect very singularly a number of his patients, laid claim to the discovery of a new

² Coalition for Natural Health. Natural Hygiene History – 2 and 3. International Natural Hygiene Society at www.Naturalhealth.org; 2005, accessed by author 15 September 2005.

remedial agent. Many sufferers were healed; popular attention was aroused on the subject, and Mesmer gained wide fame. A controversy arose between him and Hell, the former declaring that he did not cure his patients by mineral, but by animal magnetism, developed by his own body, and conducted to his patients with or without magnetism. The dispute waxed so fierce that Mesmer quitted Vienna for Paris, whence, as from the great centre of literature and science, he proposed to proclaim his new doctrines to the intellectual world. He caused great excitement there, became celebrated, and gained many converts, particularly among the higher classes. He published several works on his favorite topic, and they were very favorably received. Although the French Government refused to grant him a certain chateau, with adjoining lands, as a reward for his discovery, to be employed as a great healing institute, it offered him an annual pension of 20,000 livres. He declined the offer, and complained of the nation's ingratitude. His followers and friends, desiring to compensate him for what he had done, proposed to form classes, which he should instruct in animal magnetism. By these classes he got 340,000 livres - nearly \$70,000 - a vast sum for such a man in those days, and had among his pupils Lafayette, D'Espreneuil, Puysegur, and Dr. d'Eslon, physician to the King's brother. The Government subsequently ordered the medical faculty to investigate Mesmer's theory, and a commission was appointed for the purpose, Benjamin Franklin, Lavoisier, Bailly, and Jussieu being among the members. Mesmer declined to appear before them; but they reported, after careful research and inquiry, adversely to his claims, deciding that the influence exercised was due mainly to the imagination. While his pupils adhered to him, the general voice proclaimed him a quack, and he was extinguished by it. He soon retired to Morsburg (Baden), and died at an advanced age in total obscurity. Mesmer's animal magnetism was very unlike that of the present day. He usually treated his patients by placing magnets on different parts of their body, or ranging them around a covered tub, from which an iron rod went out to each person, the entire party touching hands. He also made passes with his hands on or near their bodies, causing nervous twitchings, drowsiness, sleep, sometimes cramp, convulsions, and alleviation of pain in those suffering from nervous disorders.

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FROM EARLY DRAFTS OF OXYMORON ARTICLE

Animal magnetism: Franz Anton Mesmer (1734-1815) an unseen healing force that could be transferred to patients with broad strokes of the hands, with magnets at first, without them later. Mesmer “treated his patients by placing magnets on different parts of their body, or ranging them around a covered tub, from which an iron rod went out to each person, the entire party touching hands. He also made passes with his hands on or near their bodies, causing nervous twitchings, drowsiness, sleep, sometimes cramp, convulsions, and alleviation of pain in those suffering from nervous disorders.”^{xix} This ability to affect a *magnetic cure* was inborn. Mesmer’s ideas were based on the eighteenth century vitalistic system of medicine which was composed of three similar, though distinct, schools of thought identified here with their leading proponent: *animism* (Georg Ernst Stahl 1659-1734), *organicism* (John Brown, 1735 – 1788) and *vitalism* (Paul Joseph Barthez, 1734-1806).^{xx} Theophrastus von Hohenheim (Paracelsus) (1493-1541) is considered one of the forerunners of the vitalistic system. His connection to

homeopathy has already been mentioned. His discovery that magnets placed on extremities will stop all abnormal discharges, cure epilepsy and tetanus, though later disproved, connects him with Mesmer.^{xxi}

Definition of **Mesmerism** *MedicineNet.com*

Mesmerism: 1. Originally, a system of therapeutics propounded by Mesmer.

2. A precursor of hypnotism, believed by Mesmer to involve animal magnetism.

3. By extension, the power to fascinate in a way that is almost hypnotic.

The term mesmerism is named after the physician Franz (originally Friedrich) Anton Mesmer (1734-1815), who propounded his theory of animal magnetism or mesmerism. Mesmer stroked his patients first with magnets and later with his hands, believing he possessed animal magnetism. Mesmer's system of therapeutics was a forerunner of modern hypnotism.

<http://www.medterms.com/script/main/art.asp?articlekey=33795>; 14 dec 2008

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[VITALISM AND Brunonianism] Henry Smith Williams **A History of Science**, volume 4: Modern Development of the Chemical and Biological Sciences, chapter VII: Eighteenth-century medicine, "Animists, vitalists, and organicists" (New York: Harper & Brothers Publishers, 1910)
<http://www.cosmovisions.com/Williams040702.htm>

Besides Hoffman's system of medicine, there were numerous others during the eighteenth century, most of which are of no importance whatever; but three, at least, that came into existence and disappeared during the century are worthy of fuller notice. One of these, the Animists, had for its chief exponent Georg Ernst Stahl of "phlogiston" fame; another, the Vitalists, was championed by Paul Joseph Barthez (1734-1806); and the third was the Organicists. This last, while agreeing with the other two that vital activity cannot be explained by the laws of physics and chemistry, differed in not believing that life "was due to some spiritual entity," but rather to the structure of the body itself.

The Animists taught that the soul performed functions of ordinary life in man, while the life of lower animals was controlled by ordinary mechanical principles. Stahl supported this **theory** ardently, sometimes violently, at times declaring that there were "no longer any doctors, only mechanics and chemists." He denied that chemistry had anything to do with medicine, and, in the main, discarded anatomy as useless to the medical man. The soul, he thought, was the source of all vital movement; and the immediate cause of death was not disease but the direct action of the soul. When through some lesion, or because the machinery of the body has become unworkable, as in old age, the soul leaves the body and death is produced. The soul ordinarily selects the channels of the circulation, and the contractile parts, as the route for influencing the body. Hence in fever the pulse is quickened, due to the increased activity of the soul, and convulsions and spasmodic movements in disease are due, to the, same cause. Stagnation of the, blood was supposed

to be a fertile cause of diseases, and such diseases were supposed to arise mostly from "plethora"--an all-important element in Stahl's therapeutics. By many this **theory** is regarded as an attempt on the part of the pious Stahl to reconcile medicine and theology in a way satisfactory to both physicians and theologians, but, like many conciliatory attempts, it was violently opposed by both doctors and ministers.

A belief in such a **theory** would lead naturally to simplicity in therapeutics, and in this respect at least Stahl was consistent. Since the soul knew more about the body than any physician could know, Stahl conceived that it would be a hinderance rather than a help for the physician to interfere with complicated doses of medicine. As he advanced in age this view of the administration of drugs grew upon him, until after rejecting quinine, and finally opium, he at last used only salt and water in treating his patients. From this last we may judge that his "system," if not doing much good, was at least doing little harm.

The **theory** of the Vitalists was closely allied to that of the Animists, and its most important representative, Paul Joseph Barthez, was a cultured and eager scientist. After an eventful and varied career as physician, soldier, editor, lawyer, and philosopher in turn, he finally returned to the field of medicine, was made consulting physician by Napoleon in 1802, and died in Paris four years later.

The **theory** that he championed was based on the assumption that there was a "vital principle," the nature of which was unknown, but which differed from the thinking mind, and was the cause of the phenomena of life. This "vital principle" differed from the soul, and was not exhibited in human beings alone, but even in animals and plants. This force, or whatever it might be called, was supposed to be present everywhere in the body, and all diseases were the results of it.

The **theory** of the Organicists, like that of the Animists and Vitalists, agreed with the other two that vital activity could not be explained by the laws of physics and chemistry, but, unlike them, it held that it was a part of the structure of the body itself. Naturally the practical physicians were more attracted by this tangible doctrine than by vague theories "which converted diseases into unknown derangements of some equally unknown 'principle.' "

It is perhaps straining a point to include this brief description of these three schools of medicine in the history of the progress of the science. But, on the whole, they were negatively at least prominent factors in directing true progress along its proper channel, showing what courses were not to be pursued. Some one has said that science usually stumbles into the right course only after stumbling into all the wrong ones; and if this be only partially true, the wrong ones still play a prominent if not a very creditable part. Thus the medical systems of William Cullen (1710-1790), and **John Brown** (1735-1788), while doing little towards the actual advancement of scientific medicine, played so conspicuous a part in so wide a field that the "**Brunonian** system" at least must be given some little attention.

According to Brown's **theory**, life, diseases, and methods of cure are explained by the property of "excitability." All exciting powers were supposed to be stimulating, the apparent debilitating effects of some being due to a deficiency in the amount of stimulus. Thus "the whole phenomena of life, health, as well as disease, were supposed to consist of stimulus and nothing else." This **theory** created a great stir in the medical world, and partisans and opponents sprang up everywhere. In Italy it was enthusiastically supported; in England it was strongly opposed; while in Scotland riots took place between the opposing factions. Just why this system should have created any stir, either for or against it, is not now apparent.

Like so many of the other "theorists" of his century, Brown's practical conclusions deduced from his **theory** (or perhaps in spite of it) were generally beneficial to medicine, and some of them extremely valuable in the treatment of diseases. He first advocated the modern stimulant, or "feeding treatment" of fevers, and first recognized the usefulness of animal soups and beef-tea in certain diseases.

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[**Brunonianism**]

John Brown (1735 – October 17, 1788) was a Scottish physician.

Brown was born at Lintlaws or at Preston, Berwickshire. After attending the parish school at Duns, he went to Edinburgh and entered the divinity classes at the university, supporting himself by private tuition. In 1759 he seems to have discontinued his theological studies, and to have begun the study of medicine. He soon attracted the notice of William Cullen, who engaged him as private tutor to his family, and treated him in some respects as an assistant professor.

In time, however, he quarrelled with Cullen, as with the professors of the university in general, and from about 1778 his public lectures contained vigorous attacks on all preceding systems of medicine and Cullen's in particular. In 1780 he published his *Elementa Medicinae*, expounding his own, or as it was then called the Brunonian system of medicine, which for a time had a great vogue.

In 1786 he set out for London in the vain hope of bettering his fortunes, and died there of apoplexy on October 17, 1788.

An edition of his works, with notice of his life by his son, William Cullen Brown, appeared in 1804.

[http://en.wikipedia.org/wiki/John_Brown_\(doctor\)](http://en.wikipedia.org/wiki/John_Brown_(doctor))

William Cullen (15 April 1710 – 5 February 1790) was a Scottish doctor and chemist.

Cullen was born in Hamilton, Lanarkshire. He studied at Hamilton Grammar School, then, in 1726, began a General Studies arts course at the University of Glasgow. He began his medical training as apprentice to John Paisley, a Glasgow apothecary surgeon,

then spent 1729 as surgeon on a merchant vessel trading between London and the West Indies. After two years as assistant apothecary to Mr Murray of Henrietta Street, London, he returned to Scotland in 1732 to establish himself in general medical practice in the parish of Shotts, Lanarkshire. From 1734 to 1736 he studied medicine at the University of Edinburgh, where he became interested in chemistry, and was one of the founders of the Royal Medical Society.

On the death of Charles Alston in 1760, Cullen at the request of the students undertook to finish his course of lectures on *materia medica*; he delivered an entirely new course, notes of which were published in an unauthorized edition in 1771, but which he re-wrote and issued as *A Treatise on Materia Medica* in 1789. His chief works were *First Lines of the Practice of Physic*; *Institutions of Medicine* (1710); and *Synopsis Nosologiae Methodicae* (1785), which contained his classification of diseases into four great classes (1) *Pyrexiae*, or febrile diseases, as typhus fever; (2) *Neuroses*, or nervous diseases, as epilepsy; (3) *Cachexiae*, or diseases resulting from bad habit of body, as scurvy; and (4) *Locales*, or local diseases, as cancer. (http://en.wikipedia.org/wiki/William_Cullen)

Brunonian system of medicine is a theory of medicine which regards and treats diseases as caused by defective or excessive excitation. It was developed by the Scottish physician John Brown and is outlined in his 1780 publication *Elementa Medicinae*. It was based on the theories of his teacher William Cullen.

Although Brown's theory never became very popular in Britain, it had temporary success in America, Italy, and the German-speaking part of Europe.^[1] In 1802, a riot between brunonian and non-brunonian students of medicine at the University of Göttingen was stopped by cavalry.^[2] [wiki has a reference to Francois-Joseph-Victor Broussais, but neither entry contains any specific reference to the other]

http://en.wikipedia.org/wiki/Brunonian_system_of_medicine

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[2]^ Wilson, John L. (1999), *Stanford University School of Medicine and the Predecessor Schools: an historical perspective*, online book, chapter 5, section "Medical systems".

François-Joseph-Victor Broussais (December 17, 1772, St Malo - November 17, 1838, Vitry-sur-Seine) was a French physician. From his father, who was also a physician, he received his first instructions in medicine, and he studied for some years at a college in Dinan. At the age of seventeen he entered one of the newly-formed republican regiments, but ill-health compelled him to withdraw after two years. He resumed his medical studies, and then obtained an appointment as surgeon in the navy. In 1799 he proceeded to Paris, where in 1803 he graduated as M.D. In 1805 he again joined the army in a professional capacity, and served in Germany and the Netherlands. Returning to Paris in 1808 he published his *Histoire des phlegmasies ou inflammations chroniques*; then left again for active service in Spain. In 1814 he returned to Paris, and was appointed

assistant-professor to the military hospital of the Val-de-Grace, where he first promulgated his peculiar doctrines on the relation between life and stimulus, and on the physiological interdependence and sympathies of the various organs. His lectures were attended by great numbers of students, who received with the utmost enthusiasm the new theories which he propounded. In 1816 he published his *Examen de la doctrine médicale généralement adoptée*, which drew down upon its author the hatred of the whole medical faculty of Paris; but by degrees his doctrines triumphed, and in 1831 he was appointed professor of general pathology in the academy of medicine. In 1828 he published a work *De l'irritation et de la folie*, and towards the end of his life he attracted large audiences by his lectures on phrenology.

http://en.wikipedia.org/wiki/Fran%C3%A7ois-Joseph-Victor_Broussais

The Influence of Brunonianism

In Europe at the end of the eighteenth century and the beginning of the nineteenth a significant change was taking place in the perception, description, definition, and ordering of medical knowledge. It is during this time that “John Brown (1735-1788) founded the Brunonian system or theory of medicine. According to which, physical life consists in a peculiar excitability, the normal excitement produced by all the agents which affect the body constituting the healthy condition, while all diseases arise either from deficiency or from excess of excitement, and must be treated with stimulants or sedatives. Basically, John Brown developed a new school of therapy, which, simplified matters for the ‘modern’ physicians, and allowed medicine to be practiced on a whole new level.

“Two of the most important sources for the life of John Brown are the accounts by Thomas Beddoes (a Bristol physician), and that by Brown’s son, William Cullen Brown.” John Brown was born in 1735 (or 36) in the town of Buncle in the county of Berwick in Scotland (note: Brown’s early biographers give conflicting accounts of the date and village of his birth.) Born to poor parents, Brown did not have too many options, and was apprenticed to a weaver. “He so

Every medical treatment affects the whole body through changes in the excitability, therefore correcting the *sthenia* or *asthenia*. “Depressed, and increasingly skeptical of the treatment he was receiving, Brown conceived the idea that perhaps debility, not plethora, had been the cause of his gout. “For its part, the genesis of Brown’s therapeutic ideas was inextricable linked to his personal experiences with gout. ”

In Nueva España, Brunonianism was known towards 1797 through a text by Dr. The strict regiment, however, was not rewarded, and Brown claimed to have suffered more painful bouts of the disease following the doctor’s orders. ” Brown resumed his drinking, and was surprisingly ‘rewarded’ with six years free from the symptoms of gout. From there he concluded that “there are really no specific cures for particular diseases or parts of body. Immediately after, translations and commentaries by local physicians appeared. Its adherents created havoc with the intellectual life of Edinburgh, especially in the 1780s in the students’ Royal medical Society and in the Royal Infirmary. “Brunonianism certainly caused a stir. In 1780 he published his *Elementa Medicinae*, expounding his own, or as it was then called the Brunonian, theory of medicine. “The high expectations which the Germans invested in the excitability theory soon demanded a more precise

explanation of its main principle. Weikard “Prospect of Simple Human Medicine,” or Brown’s “New Doctrine”. ” Brown was not, however, met without dislike by some, as the following account of a Brunonian evening is described by his student: “...when he found himself languid, he sometimes placed a bottle of whisky in one hand, and a phial of laudanum on the other; and that, before he began his lecture, he would take forty of fifty drops of laudanum in a glass of whisky; repeating the dose for or five times during the lecture...” Despite all his successes, and to the joy of his opponents, in 1786, in debt, John Brown moved to London, where he died, after a spell of imprisonment, in 1788, at the age of about fifty-two.

Although it is known that John Brown’s theory was easily adopted and fairly wide spread by the end of the 18th century, it is extremely difficult to trace its complete history.

<http://www.megaessays.com/viewpaper/78788.html>; 14 dec 2008

[See also jpg images of: Jennifer Ford, Coleridge on Dreaming]

FROM EARLY DRAFTS OF OXYMORON ARTICLE

Brunonian theory: John Brown (1735 – 1788) a leading proponent of *organicism* developed his theory of which the main components were first, *Vital Force* which maintained the functional integrity of the entire organism through cellular metabolism and second, *excitability*, a property of the body that allows reacting to external stimuli. Disease was a function of the body, classified by the amount of excitability generated: too much was described as “excessive contraction” and was considered to be caused by the sympathetic nervous system while too little was described as “excessive relaxation” and caused by the parasympathetic nervous system. Brown expanded on what he had learned from William Cullen’s (1710 – 1790) work in which disease, called *neuropathology*, was the manifestation of nervous reaction, termed *nervous energy*, to external stimuli.^{xxii} This work was a direct outgrowth of the *doctrine of irritability* of Francis Glisson (1597 – 1677) which held that life results from the internal reflexes to outside stimuli.

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Alternative Medicine's Emphasis on **Empiricism**

Alternative practitioners have never relied on purely theoretical determinants of practice, maintaining their methods have been derived largely from empirical bases. With the exception of Mesmerism, alternative medical systems originated from the founder's therapeutic experiences, initially untainted by the influence of speculative hypothesis.

Once a therapeutic method was determined to have positive outcomes, however, the temptation to explain it was almost never resisted, and theoretical rationalizations were soon forthcoming. Eclecticism alone was able to stand firm with an “it works, who cares how” attitude; all other systems quickly surrendered to the lure of conjecture and visionary theories. Hahnemann conjectured his infinitesimals operated through dynamic—i.e., spiritual—action.

Thomson theorized his empirically demonstrated herbs worked by promoting the distribution of life-sustaining heat through the system. Still hypothesized a “rule of the artery” that restored the body to health as soon as skeletal pressures on blood vessels were relieved by manipulation. Palmer imagined that vertebral subluxations constricted nerves and impeded the flow of Innate Intelligence, a divine life force, through the body. Alternative practitioners, in other words, generally reversed the process attributed to allopathic physicians. Instead of formulating a theory, then deducing therapy from it—the allopathic model—they discovered a therapy, then deduced a theory. And invariably, the theoretical principle that followed was that the therapy in question worked by eliminating some obstacle to the free functioning of the body's innate healing power.

Ultimately, it was nature that did the curing, not the manipulation or the infinitesimal similar or the cayenne in the enema. Those original theoretical formulations would eventually be recognized by adherents as unfounded and confining, and during the twentieth century they have been steadily abandoned for more sophisticated and demonstrable arguments (although nature remains the fundamental healing power). But the initial dedication of many alternative systems to a simple, all-inclusive theory gave alternative medicine the appearance of sectarian fanaticism in allopaths' eyes.

<http://www.info-junction.net/index.php/health-fitness/alternative-treatment/alternative-medicine-empiricism.html>; 14 Dec 2008

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